

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

JFL
AR
Robert BRAZZELL

17-CV-4985

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Allentown Police Department

St Luke Hospital

Philly Phyc Wcrd

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name _____
	ID # _____
	Current Institution _____
	Address _____

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name <u>Allen Plock officer</u>	Shield # _____
	Where Currently Employed _____	
	Address <u>Same</u>	
Defendant No. 2	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 3	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 4	Name _____	Shield # _____
	Where Currently Employed _____	
	Address _____	
Defendant No. 5	Name _____	Shield # _____
	Where Currently Employed <u>✓</u>	
	Address _____	

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Bank
- B. Where in the institution did the events giving rise to your claim(s) occur? N/A
- C. What date and approximate time did the events giving rise to your claim(s) occur?

What happened to you?

D. Facts:

I was kidnapped by the officer
without a warrant to a place
where I did not want to go I was
Threatened by the officers

Who did what?

Was anyone else involved?

They took me to the hospital
without my consent

Who else saw what happened?

My daughter my girlfriends Mitchell
and the Commissioner and others

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Contusion to the Ribs
and Chest c/sb see Affidavit of Search

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ☒ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ☒ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? NA

2. What was the result, if any? NA

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. NA

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

NA

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

NA

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

NA

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

300 million

See Affidavit of Truth

Truth

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case NA
5. Approximate date of filing lawsuit NA
6. Is the case still pending? Yes ☐ No ☐
- If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NA

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ☐ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants NA

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit NA

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of October, 2017.

Signature of Plaintiff

Robert Brazill

Inmate Number _____

Institution Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 18 day of October, 2017, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Robert Braggell